

Appendix B

Forms

Forms available for download

<http://www.tennessee.gov/education/speced/seassessment.shtml>

2007-2008
TCAP-Alt Participation Guidelines
(Required Addendum to the IEP)

Student: _____ Assigned Grade Level: _____ Date: ____/____/____ Date of Birth: ____/____/____
To participate in the Alternate Assessment, the student must have a current IEP and documentation to support all criteria listed below.

SECTION I

YES	NO	Evaluation Review of Cognitive/Adaptive Ability – Document Below
<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: In order to ensure there is sufficient information to document this student has a significant cognitive and adaptive disability, the school psychologist must review all evaluation/assessment information. After file review and documentation of this review has been made, the school psychologist signs in the space provided below, indicating agreement or non-agreement of the student's significant cognitive and adaptive deficits.</p> <p>This student demonstrates significantly deficit cognitive ability and adaptive skills which prevent full involvement and completion of the state-approved content standards even with program modifications.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Review of student files indicates s/he has a significant deficit in cognitive and adaptive level of functioning:</p> <p>Psychologist's Printed Name _____ / Signature _____</p> <p>Individual Cognitive Ability Test: _____ Date: _____</p> <p style="margin-left: 40px;">Total Battery Score: _____</p> <p style="margin-left: 80px;">Highest Component Score: _____ Area: _____</p> <p style="margin-left: 80px;">Lowest Component Score: _____ Area: _____</p> <p>Adaptive Behavior Skills Assessment: _____ Date: _____</p> <p style="margin-left: 40px;">Total Battery Score: _____</p> <p style="margin-left: 80px;">Highest Component Score: _____ Area: _____</p> <p style="margin-left: 80px;">Lowest Component Score: _____ Area: _____</p> <p>NOTE: All Total Scores and Component Scores are required. Provide Standard Scores only.</p> <p>If documentation in one of the requested areas is unavailable, a detailed explanation for participation in TCAP-Alt must be documented in the spaces provided below. Please include a detailed description of any medical conditions preventing assessment in the requested areas.</p> <p>_____</p> <p>_____</p> <p>_____</p>
YES	NO	IEP Team Review – Check Yes or No and Document Below
<input type="checkbox"/>	<input type="checkbox"/>	The student requires intensive, frequent individualized instruction in a variety of settings including school, community, home, or the workplace to acquire, maintain, and generalize functional academics and life skills.
<input type="checkbox"/>	<input type="checkbox"/>	There are historical data (current and longitudinal across multiple settings) that confirm the individual student criteria listed above.
<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">STUDENT SAFEGUARDS</p> <p>The following conditions have been ruled out and are not the primary justification or reason this student is not participating in the general Tennessee Comprehensive Assessment Program (TCAP), even with extensive accommodations and modifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> • excessive or extended absences, <input type="checkbox"/> • sensory impairments, <input type="checkbox"/> • emotional-behavioral disabilities, <input type="checkbox"/> • specific learning disabilities, <input type="checkbox"/> • language impairment, <input type="checkbox"/> • other health impairment <input type="checkbox"/> • developmental disability (i.e., Autism, Asperger's Syndrome, Developmental Delay) <input type="checkbox"/> • limited English proficiency, or <input type="checkbox"/> • social, cultural, and economic differences. <p><input type="checkbox"/> The decision for TCAP-Alt participation is based on the needs of the student. It is not based upon anticipated impact on system and/or school performance scores.</p> <p>The decision for TCAP-Alt participation is an IEP Team decision based on the needs of the student. it is not an administrative decision.</p>
YES	NO	For a Student 14 Years of Age or Older
<input type="checkbox"/>	<input type="checkbox"/>	The student is unable to complete a state approved high school diploma program, even with extended learning opportunities and/or accommodations.

If the answer to any question in Section I is No—**Stop Here.**
This student does not meet criteria for participation in the Alternate Assessment.

If all answers to questions in Section I are Yes—Proceed to Section II.

Student: _____ Assigned Grade Level: _____ Date: ____/____/____ Date of Birth: ____/____/____

SECTION II

Guidelines for Determining Participation in TCAP-Alt PA or Out-of-Level Assessment:

The Portfolio Assessment has been designed to measure academic progress of students with the most significant cognitive and adaptive disabilities.

While the use of out-of-level assessments is an option under TCAP-Alt for 2007-2008, the IEP Team must be aware that any student who participates in an out-of-level assessment will automatically be reported as a "Non-Participant" and as "Below Proficient" for AYP purposes. The IEP Team must carefully consider if the student is able to meaningfully participate in the out-of-level assessment. The out-of-level assessment chosen must represent challenging academic goals for the student. Administration of an assessment that is below the ability level of the student is an inappropriate use of this option.

Check All That Apply:

- ☐ IEP Team Members agree that the student meets participation guidelines for the TN Alternate Assessment.
- ☐ This student's participation in the TN Alternate Assessment is documented and justified annually on the IEP.

The IEP Team has determined that the student will participate in:

- ☐ TCAP-Alt: PA (Check Content Areas for Assessment)
- ☐ Reading/Language Arts (includes Writing in Grades 5, 8, and 11) ☐ Mathematics ☐ Science ☐ Social Studies
- ☐ Yes ☐ No Multimedia Permission Form Signed by the Parent: _____
- ☐ TCAP-Alt Out-of-Level (Reminder: Reported as a "Non-Participant" and "Below Proficient" for AYP purposes)
- ☐ TCAP-Alt Writing Assessment (Grades 5, 8 and 11) – For use by students who have been assessed in TCAP-Alt PA Reading/Language Arts at high school level prior to the 11th grade and students participating in Out-of-Level assessment.

Yes	No	If the student is participating in the Out-of-Level option, complete the following information.
<input type="checkbox"/>	<input type="checkbox"/>	Based on criterion-referenced or norm-referenced assessments, the student's instructional reading level measures at least pre-kindergarten/readiness skills level • Test: _____ Date: _____ • Instructional Reading Level: _____
<input type="checkbox"/>	<input type="checkbox"/>	The IEP Team is in agreement that Out-of-Level assessment is the most appropriate option for the student. The IEP Team agrees that the Out-of-Level assessment chosen represents challenging academic goals for the student.
<input type="checkbox"/>	<input type="checkbox"/>	The IEP Team acknowledges participation in Out-of-Level assessment will automatically be reported as "Non-Participant" and as "Below Proficient" for AYP purposes.

IEP Team Members:

Signature

Position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

School Principal Signature: _____

Note: Students who do not meet **TCAP-Alt Participation Guidelines** but are assessed with the TCAP-Alt Assessment will be reported as Non-Participants and Below Proficient for AYP purposes.

Table of Contents
REQUIRED

Student Name: _____

DOB: _____ / _____ / _____ Assigned Grade Level: _____

School: _____

Page
Number(s)

Portfolio Validation [give page number(s) of location]....._____

Affidavit of Student Performance_____

Sample of Student's Mode of Communication, Instructional
Adaptations, and Statement of Inclusion....._____

Schedule....._____

Entry #1: Reading/Language Arts....._____

Entry #2:
Mathematics....._____

Entry #3: Science....._____

Entry #4: Social Studies....._____

Comments:

PORTFOLIO VALIDATION
REQUIRED

We, the undersigned, verify that the student participated in the TCAP-Alt Portfolio Assessment.

Assessment Team Signatures

Parent/Guardian: _____

Principal: _____

Spec. Ed. Teacher: _____

Gen. Ed. Teacher: _____

Building Level Testing Coordinator: _____

Student (if applicable): _____

Other (specify position): _____

Other (specify position): _____

Other (specify position): _____

Other (specify position): _____

Tennessee Comprehensive Achievement Program - Alternate Portfolio Assessment

TCAP-Alt PA

AFFIDAVIT OF STUDENT PERFORMANCE

Student Information

Student Name: _____

Date of Birth: _____ School Name: _____

Affidavit of Student Performance

I, the undersigned, do attest that all work contained in this Tennessee Alternate Portfolio Assessment was performed by the student and in the presence of a teacher and/ or paraprofessional.

Further, in compiling this evidence with the student and/or on his/her behalf, I did not fabricate, alter, or modify student work samples, products, or data.

I am also unaware that others have provided inappropriate assistance.

Teacher: _____
Signature Date

Alternate Performance Indicator (Code and API):

Provide a clear explanation of activity and materials used:

The student's choice within the activity was in the area of:

☐ Materials ☐ Who to work with ☐ Where to work on the activity

☐ Reward/positive reinforcement for completing activity ☐ When to work on the activity

Choice 1 _____ Choice 2 _____

The student will work on this skill in _____
Setting

Circle One: This setting is General Education (GE) or Special Education (SP)

The student worked with...

Signature _____ Content Area Instructor _____ Circle One: GE or SP

(Complete Entire Section)

Type of Interaction: (Group assignment, peer supports, etc.)

Provide sentence explaining how student interacted with peers on this activity.

Signature of Peer: _____ Grade Level _____
First Name Only

Student: _____

Content Standard:

Alternate Learning Expectation: _____

Alternate Performance Indicator:

Graphing of Student Progress

[illegible]

Settings & Codes

Guidance – G

Art – A

Gen. Ed. Class – GE

Spec. Ed. Class – SP

Library – L

Other Settings (Specify):

(Setting) _____ (Code) _____ (Setting) _____ (Code) _____

Choice Codes

o Materials

Reward

* Who

^ When

+ Where

Natural Support Signatures

1.	/	/
2.	/	/
3.	/	/

Content Area Instructed

GE or SP

Peer Signature/Description of Interaction:

Grade

Student: _____

Content Standard: _____

Alternate Learning Expectation: _____

Alternate Performance Indicator: _____

Graphing of Student Progress

Completed on Attempt	Data Point – Date																			
	# 1																			
	# 2																			
	# 3																			
	# 4																			
	# 5																			
	# 6																			
	# 7																			
	# 8																			
	# 9																			
	# 10																			
	Choice																			
	Inclusion (Y/N)																			
	Setting Code																			
	Peer Interactions (Y/N)																			
	Natural Support (Y/N)																			

Settings & Codes

Guidance – G

Art – A

Gen. Ed. Class – GE

Spec. Ed. Class – SP

Library – L

Other Settings (Specify):

(Setting) _____ (Code) _____ (Setting) _____ (Code) _____

Choice Codes

o Materials

Reward

* Who

^ When

+ Where

Natural Support Signatures

1. _____

2. _____

3. _____

Content Area Instructed

/ _____

/ _____

/ _____

GE or SP

/ _____

/ _____

/ _____

Peer Signature/Description of Interaction: _____

Grade _____

Student: _____

Content Standard: _____

Alternate Learning Expectation: _____

Alternate Performance Indicator: _____

Graphing of Student Progress

Percentage Correct	Data Point – Date																			
	100%																			
	90%																			
	80%																			
	70%																			
	60%																			
	50%																			
	40%																			
	30%																			
	20%																			
	10%																			
	0%																			
	Choice																			
	Inclusion (Y/N)																			
	Setting Code																			
	Peer Interaction(Y/N)																			
	Natural Support (Y/N)																			

Settings & Codes

Guidance – G

Art – A

Gen. Ed. Class – GE

Spec. Ed. Class – SP

Library – L

Other Settings (Specify):

(Setting) _____ (Code) _____ (Setting) _____ (Code) _____

Natural Support Signatures

1. _____ / _____ / _____
 2. _____ / _____ / _____
 3. _____ / _____ / _____

Content Area Instructed

Choice Codes

o Materials

Reward

* Who

^ When

+ Where

GE or SP

Peer Signature/Description of Interaction: _____

Grade _____

Student: _____

Content Standard: _____

Alternate Learning Expectation: _____

Alternate Performance Indicator: _____

Graphing of Student Progress

Data Point – Date																				
Step 10																				
Step 9																				
Step 8																				
Step 7																				
Step 6																				
Step 5																				
Step 4																				
Step 3																				
Step 2																				
Step 1																				
Choice																				
Inclusion (Y/N)																				
Setting Code																				
Peer Interactions (Y/N)																				
Natural Support (Y/N)																				

Settings & Codes

Guidance – G
Art – A
Gen. Ed. Class – GE
Spec. Ed. Class – SP
Library – L

Prompt Codes

I – Independence
M – Model
PP – Proximity Prompt
TT – Touch Prompt
VP – Verbal Prompt
HH – Hand over Hand
FP – Full Physical
W/D – Physical Withdrawal

Other Settings (Specify):

(Setting) _____ (Code) _____ (Setting) _____ (Code) _____

Natural Support Signatures

Content Area Instructed

GE or SP

1. _____ / _____ / _____
2. _____ / _____ / _____
3. _____ / _____ / _____

Peer Signature/Description of Interaction: _____

Grade _____

Multimedia Permission Form for Portfolio Assessment

(REQUIRED WHEN MEDIA USED)

Date: _____

I give my permission for the _____ School to take pictures of my son or daughter _____ during the 2007-2008 school year.

I understand that this will be included in my son's or daughter's State Assessment and will be used for educational purposes only. Any reproduction of my son's or daughter's assessment for state scoring training will require that all identifying information be removed.

Signature of Parent/Caregiver



**TENNESSEE COMPREHENSIVE ASSESSMENT PROGRAM
ALTERNATE ASSESSMENT – PORTFOLIO OPTION
REPORT OF IRREGULARITY**

This form is to be used only if any of the following irregularities occurred. Include attendance record with report. A Report of Irregularity should be completed for individual students and placed within the portfolio assessment, as needed.

The original form should be placed in the portfolio binder and returned to the vendor. It should be the first page in the portfolio. Copies should be kept within the system.

- ☐ **A.** The student transferred from an out of state school after December 31st. Portfolio must be scored using the Modified Rubric. (Give complete documentation regarding enrollment.)
- ☐ **B.** The student transferred from a Tennessee school after December 31st and no assessment documentation was available. Portfolio must be scored using the regular rubric. (Give documentation regarding enrollment and system from which the student transferred.)
- ☐ **C.** The student's medically related absences were frequent and/or prolonged (present 40% or less during the data period). Portfolio must be scored using the Modified Rubric. (Give complete documentation regarding absences.)
- ☐ **D.** Student attends school using an abbreviated schedule. (Attends ½ day or less) Portfolio must be scored using the Modified Rubric. (Give complete documentation regarding enrollment.)
- ☐ **E.** The student is receiving homebound services. Portfolio must be scored using the Homebound Rubric. Note: The student should have full homebound status in order to use the Homebound Rubric. If student has received homebound services for part of the year, contact the State's Special Education Assessment Consultant at (615) 532-9702 for instructions regarding use of the appropriate scoring rubric. (Give documentation regarding homebound status.)
- ☐ **F.** The student is enrolled in a special day school serving only students with significant cognitive disabilities and the student's TCAP-Alt Participation Guidelines document cognitive and adaptive skills ≤ 50. Portfolio must be scored using the Homebound Rubric.
- ☐ **G.** The student transferred from an out of state school between February 1st and the end of the TCAP-Alt Assessment due date. No portfolio assessment will be required. (Give documentation regarding enrollment.)
- ☐ **H.** Medical exemption is in effect. (Original approved medical exemption on file at the State Department of Education and copy with approval stamp on file in LEA.)

System _____ School _____

System # _____ School # _____ Grade _____ Date _____

Student Name: _____ SSN: _____

Student's Teacher _____ Signature _____

Principal _____ Signature _____

Attach all documentation, attendance record, and TCAP-Alt Information Sheet to report:

System Special Education Supervisor's Signature _____

System Testing Coordinator's Signature _____

ED 3093-Rev.7/06 Department of Education